



**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**  
**DIVISION OF MOTOR VEHICLES**  
**2900 APALACHEE PARKWAY**  
**NEIL KIRKMAN BUILDING, MS 66**  
**TALLAHASSEE, FLORIDA 32399-0640**  
**850/617-3004**



**MANUFACTURED/MOBILE HOME INSTALLER LICENSE APPLICATION**

Pursuant to section 320.8249, Florida Statutes, I hereby make application for a license to install new and/or used manufactured/mobile homes.

☐ **Original**      ☐ **Renewal**      ☐ **Change of Mailing Address**

**DMV USE ONLY**

**PRINT/TYPE**

License Year: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle Initial

Physical Address: \_\_\_\_\_

Business Phone Number

City

County

State

Zip Code

Mailing Address (if different from above): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Original Application:** \$200.00 for Application and License Fees  
(If license is denied for any reason, \$150 license fee will be refunded to applicant.)

**Renewal Application:** \$150.00 for License Fee received by October 1.  
(After October 1, additional \$50.00 late fee charged.)

**Change of Address:** No Fee

**PLEASE ATTACH THE FOLLOWING ITEMS TO ORIGINAL APPLICATION:**

- Original Performance Bond for Licensing Period (\$5,000)
- Original Certificate of Insurance (\$100,000 General Liability)
- Copy of your 8-hour Mobile Home Installation Training Course Certificate
- Copy of your Mobile Home Installer Examination Results
- Mobile Home Installation Decal Order Form
- Check or Money Order made payable to DHSMV for License Fees and Decals

I hereby certify by my signature that I have not been convicted or found guilty of, or enter a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of mobile home installation or the ability to practice. That information I have provided in this application is true and correct. I agree to abide by all laws of Florida, including Chapter 320, Florida Statutes and all applicable rules, policies and procedures of the Department of Highway Safety and Motor Vehicles.

I understand that any false information provided on this form and/or any violations of Florida Statute 320.8249 may result in disciplinary penalties imposed by the department. I further understand that I must meet all zoning, permitting and occupational license requirements that may be mandated by city or county ordinances.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

License Number

Date Issued

Bond ☐

Insurance ☐

Taken Class ☐

Passed Exam ☐

Approved/Denied

Initials \_\_\_\_\_

Application Fee

Date Received

License Fee

Date Received